



PATIENT RECORDS OF DISCLOSURE TO FAMILY & FRIENDS

In general, the HIPAA Privacy Rule gives individual the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (Please check all that apply):

Home Telephone _____
 O.K. to leave message with detailed information
 Leave message with call-back number only

Written Communication:
 O.K. to mail to my home address
 O.K. to mail to my work/office address
 O.K. to fax to: _____

Work Telephone: _____
 O.K. to leave message with detailed information
 Leave message with call-back number _____

I have explained to the patient, that disclosures may be made to family and friends relating to the patient's health or as needed for payment or health care services. I have explained that we will only disclose information relevant to current treatment. Our patient has agreed that we may disclose health care information to: (please complete all that apply).

Name of Family member of Friend	Relationship to Patient	Only person with Patient present	May exchange information by phone (phone number please)

Although the patient was not available (or I could not discuss with the patient because of the patient's incapacity or an emergency circumstances), I felt that it was in the best interest of the patient to make a disclosure regarding the patient health care status or payment for health care services to:

Name	Relationship to Patient	Date of Disclosure	Comments (optional)

Patient's Signature: _____ Date _____

Employee's Signature: _____ Date _____